

**LOBBYIST MONTHLY REPORT FORM**



State of Idaho  
Ben Ysursa  
Secretary of State

To Be Filed By:  
**L-3** LOBBYISTS  
(Sec. 67-6619)

Page \_\_\_\_\_ of \_\_\_\_\_ Page(s)  
THIS SPACE FOR OFFICE USE ONLY

(Type or print clearly in black ink)  
See instructions at bottom of page

Lobbyist's name and permanent business address Thomas Bassler P.O. Box 7408 Boise, ID 83707-1408	Date prepared February 3, 2005	Period covered <input checked="" type="checkbox"/> month ending (Mo.) (Day) (Yr.) 1 31 05
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<b>Item 1</b>	Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.				
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	* Total Amount for All Employers	Proportional amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)			
		Employer No. 1	Employer No. 2	Employer No. 3	Employer No. 4
Entertainment	\$ _____	\$ 0.00	\$ _____	\$ _____	\$ _____
Food and Refreshment	\$ _____				
Living Accommodations	\$ _____				
Advertising	\$ _____				
Travel	\$ _____				
Telephone	\$ _____				
Other Expenses or Services	\$ _____				
<b>Total</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

\*When the number of employers you are reporting for requires multiple L-3 forms to be filed a total amount for all employers should be entered on Page 1.

<b>Item 2</b>	The totals of each expenditure of more than fifty dollars (\$50) for a legislator or other holder of public office.			
Date	Place	Amount	Names of Legislators & Public Officials in Group	

Continued on attached page(s)

<p align="center"><b>INSTRUCTIONS</b></p> <p><b>Who should file this form:</b> Any lobbyist registered under Section 67-6617 Idaho Code.</p> <p><b>Filing deadline:</b> Monthly reports due within ten (10) days of the month for activities of the past month.</p> <p><b>TO BE FILED WITH:</b> Ben Ysursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282</p>	<b>Item 3</b>	Employer(s) Name(s) and Address(es)
	No.1	Blue Cross of Idaho Health Service, Inc. 3000 E. Pine Ave., Meridian, ID 83642-5995
	No.2	
	No.3	
	No.4	

